Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Partnership Health Plan of California

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California Department of Health Services

Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Partnership Health Plan of California

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Partnership Health Plan to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well Partnership Health Plan of California (PHC) performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted in either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate PHC's performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS) Version 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs)
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on Partnership Health Plan

Partnership Health Plan of Ca (PHC) is a medical service health plan that offers behavioral health in selected counties. PHC is contracted in Napa, Solano, and Yolo counties as a county organized health system (COHS). As of July, 2003, PHC's total Medi-Cal enrollment was 79, 103 members.

During the HEDIS reporting year of 2004, Partnership Health Plan collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by PHP, the CAHPS survey, version 3.0 H, was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom Partnership Health Plan provides medical benefit coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties' an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, PHC submitted the following for review:

- Adolescent Health Collaborative Project
- Improving Medication Management for Members with Asthma
- Improving Breast Cancer Screening Rates
- Immunization Collaborative: Improve Childhood Immunization Rates through linking High Volume Primary Care Providers to Immunization Registries

The health plan systems review for PHC reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from June 2000 to May 2001 and was conducted June 19-23, 2001. This process includes document review, verification studies, and interviews with PHC staff.

These activities assess compliance in the following areas:

- Utilization Management
- Continuity of Care
- Availability and Accessibility
- Member Rights
- Administrative and Organizational Capacity
- Credentialing
- Facilities

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from January-June 2003, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by PHP.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report. The table below shows the aggregate results obtained by PHP.

Table 1: 2004 HEDIS Quality Measure Results for Partnership Health Plan

HEDIS Measure	2004 PHP Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status- Combo 1	69.2%	64.7%	61.8%
Breast Cancer Screening	52.4%	53.1%	55.8%
Cervical Cancer Screening	53.6%	60.8%	63.8%
Chlamydia Screening in Women	27.3%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	68.8%	61.0%	64.2%

PHC exceeded the Medi-Cal managed care average for two HEDIS measures and fell below the Medi-Cal managed care average for three HEDIS measures. PHCs' HEDIS results were generally less favorable compared to the National Medicaid HEDIS average. There appears to be a need for improvement in the general area of preventive women's health. This may be a consideration as an area for a targeted improvement activity

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of PHC enrollees regarding their satisfaction with care. Also surveyed was a subset of the PHC

childhood population who has special health care needs. They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents' response for children in the PHC population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for Partnership Health Plan

CAHPS Measure	Population	2004 PHCRate	2004 Medi-Cal Average
Getting Needed Care	Adult	74%	69%
	Child	77%	77%
	CSHCN	71%	N/A
	Non-CSHCN	81%	N/A
How Well Doctors Communicate	Adult	57%	51%
	Child	60%	52%
	CSHCN	61%	N/A
	Non-CSHCN	58%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for adults as compared to children. The PHC adult rate exceeded the Medi-Cal managed care average by several percentage points (74% versus 69%). Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with "Getting Needed Care" than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for PHC's practitioner networks to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that PHC members perceive that practitioner communication is very favorable. The PHC adult and child rates for this measure exceeded the Medi-Cal managed care average. The finding that the CSHCN population has a slightly higher rate of satisfaction with communication as Medi-Cal children leads to the belief that practitioners may differentiate in their communication style between the two groups. Additionally, PHC adults are generally less satisfied with the communication skills of practitioners compared to the parents of the children.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), PHC used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted PHC's success in achieving its targeted goal.

Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by PHC can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by PHP.

Adolescent Health Collaborative Project

Relevance:

- The PHC rate of 24% for Adolescent Well Care Visits in 2004, far below the 2004 NCQA national Medicaid 90th percentile of 44%, continues to show underutilization of routine adolescent well care services with the MCMC system.

Goals:

- Improve the rates of adolescent well care visits

Best Interventions:

- Send reminder post cards to adolescents.
- Educate parents about PCP services provided on Planned Parenthood sites.
- Distribute quarterly reports to PCPs with their adolescent well care rates.
- Provide provider training/educational CMEs.
- Develop list of provider/site "Adolescent-friendly Provider/Site Characteristics" to distribute to plans and providers.

Outcomes: N/A. This is a baseline project.

Attributes/Barriers to Outcomes:

- Barrier: Adolescent unfriendly sites
- Barrier: Confidentiality issues
- Barrier: Provider discomfort with adolescent and/or psychosocial issues

Improving Medication Management for Members with Asthma

Relevance:

- Asthma is one of PHC's top diagnoses for ambulatory care, emergency department visits, and acute hospital and is a disease with ample opportunity to improve treatment practices and improve outcomes.

Goals:

- Improvement in clinically appropriate medication use as defined by our Clinical Practice Guideline (CPG), with the long-term improvement of reduced emergency room use and/or hospitalizations for asthmatics in our study population.

- Increased use of ancillary services such as asthma case management, home evaluation/assessment, referral asthma/allergy specialists, and home education programs by the at risk population.

Best Interventions:

- Listing of level II and III asthmatics to care coordination RN for individual interventions.
- Physician education call sponsored by PHC.
- Article in provider newsletter highlighting high performing practices and sharing best practice tips

Outcomes:

- Percentage of persistent asthmatics ages 5-56 years with one or greater controller medications dispensed during the measurement year:
    - There was an overall increase of 6% toward goal of 75%. The 5-9 and 18-56 age groups showed improvement of 11% and 7% respectively. There was a slight decrease of 2% in the 10-17 age groups.
- Percentage of persistent asthmatics ages 5-56 with <9 canisters of beta agonist medication dispensed during the measurement period:
    - There was a slight decrease from 84%-83%. Performance was below the 95% goal.
- Percentage of persistent asthmatics ages 5-56 with no emergency department visits for asthma during the measurement period:
    - Results essentially unchanged from baseline for the overall group. Within age groups, only the 5-9 year olds showed improvement. The other age groups were unchanged from baseline.
- Percentage of persistent asthmatics ages 5-56 with no inpatient discharges for asthma during the measurement period:
    - Results essentially unchanged from baseline for the overall group. The 10-17 year old group rate decreased from 97% to 95% and the 18-56 groups increased from 96% to 98%.

Attributes/Barriers to Outcomes:

- Barrier: PCP's don't know what Rx's are being filled by members and are unaware of compliance status.
- Barrier: Practitioners are unaware of the implications of beta agonist overuse or are unaware of what indicates overuse.
- Barrier: Patients don't understand how to manage their asthma.
- Barrier: There is underutilization of referrals to the capitated allergy/asthma specialists and to the home health assessment program.

Improving Breast Cancer Screening Rates

Relevance:

- The PHC rate of 49% for measurement year 1999 (services in 1997 and 1998) is below the NCQA Medicaid benchmark of 66% and, therefore, shows room for improvement.

Goals:

- Improve breast cancer screening rates

Best Interventions:

- Report card to providers highlighting women who have not had a mammogram in the past 2 years
- Women's Health Reminder cards mailed to member on birthday (age specific)
- Reports sent to 89 practice sites listing 2,839 women who need service
- Article in Fall 2003 member newsletter and Fall 2003 provider newsletter (addressing barriers from member perspective)

Outcomes:

- Breast cancer screening rates improved:
    - Baseline 1998: 49%
    - Re-measure 5: 2002: 55%

Attributes/Barriers to Outcomes:

- Barrier: Women are not aware of the need for screening
- Barrier: Women forget to schedule regular screenings or this is not a priority
- Barrier: Member fear of procedure or don't want to know results
- Barrier: Practitioner missed opportunities
- Barrier: No reminder/recall system

Immunization Collaborative: Improve Childhood Immunization Rates through High Volume Primary Care Providers to Immunization Registries

Relevance:

- Not stated.

Goals:

- Improve childhood immunization rates through linking high volume primary care providers to immunization registries.

Best Interventions:

- Workflow/IT assessment tools and tracking system created.
- Provided continuing education for providers regarding missed opportunities and how to reassure parents about safety/risks of immunizations.
- Publish article in provider newsletter.
- Distributed "benefits of registry" materials to practice sites.

Outcomes: Not reported; this QIP was qualitative as opposed to quantitative.

Attributes/Barriers to Outcomes:

- Barrier: Limited resources at practice sites both with equipment and staffing levels.
- Barrier: Need standardized tools to assess provider readiness.
- Barrier: Some sites are without regional registry resources/support.

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- PHP

Health Plan	QIP Activity	Indicator	Baseline	Re-measurement #1	Re-measurement #2	Re-measurement #3	Re-measurement $4
Partnership Health Plan	Adolescent Health Collaborative	The percentage of enrolled members who were 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	2003 24%				
		2. After visit "report of adolescent visit" survey.	Not reported				
	Improving Medication Management for Members with Asthma	Percent of persistent asthmatics age 5-56 with no ED visits for asthma during the measurement year	1999 All: 71.8% 5-9: 70.5% 10-17: 74.8% 18-54: 70.9%	2000 All: 82.7% 5-9: 94.0% 10-17: 88.8% 18-56: 76.7%	2001 All: 85% 5-9: 97% 10-17: 90% 18-56: 80%	2002 All: 86% 5-9: 94% 10-17:92% 18-56:82%	2003 All: 88% 5-9: 95% 10-17: 94% 18-56: 84%
		Percent of persistent asthmatics age 5-56 with <9 canisters of beta agonist medication dispensed during the measurement year.	All: 83.5% 5-9: 95.0% 10-17: 87.0% 18-56: 56.8%	All: 82.7% 5-9: 94.0% 10-17: 88.8% 18-56: 76.7%	All: 85% 5-9: 97% 10-17: 90% 18-56: 80%	All: 86% 5-9: 94% 10-17:92% 18-56:82%	All: 88% 5-9: 95% 10-17:94% 18-56:84%
		Percent of persistent asthmatics age 5-56 with no inpatient discharges for asthma during the measurement year	All: 96.2% 5-9: 97.0% 10-17: 97.0% 18-56: 95.6%	All: 96.2% 5-9: 97.6% 10-17: 97.0% 18-56: 95.4%	All: 97% 5-9: 96% 10-17: 98% 18-56: 97%	All: 98% 5-9 97% 10-17:99% 18-56:98%	All: 98% 5-9: 97% 10-17: 98% 18-56: 98%
		Percent of ED visits for asthma during the measurement year with a follow-up visit with a PCP or allergy specialist within 21 days.	2002 20%	2003 22%			

Health Plan	QIP Activity	Indicator	Baseline	Re-measurement			
				#1	#2	#3	$4
	Improving Breast Cancer Screening Rates	Percent of women, aged 52-69, who had one or more mammograms in the measurement year or prior year.	1998 49%	1999 55%	2000 52%	2001 53%	2002 55%

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, PHC was assessed specifically in the following areas:

Member's Rights

- Grievance Systems
- Informed Consent

Continuity of Care

- Coordination of Care: Within the Network
- Coordination of Care: Outside the Network/Special Arrangements
- Coordination of Care: Local Health Department
- Coordination of Care Monitoring
- Initial Health Assessment
- Referral Follow-Up Care System

Summary of Quality

In summary, PHC demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure; the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for Partnership Health Plan

HEDIS Measure	2004 PHCRate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	81.0%	75.7%	76.0%
Postpartum Check-up Following Delivery	64.3%	55.7%	55.2%

PHC exceeded the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results demonstrate that this is an area of strength for PHC. PHC may want to consider some of the strategies employed to achieve the high rates of care with the pregnant and postpartum population and incorporate them into the general women's health program to obtain improvement.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5: 2004 CAHPS Access Measure Results for Partnership Health Plan

CAHPS Measure	Population	2004 PHCRate	Medi-Cal Managed Care Average
Getting Care Quickly	Adult	43%	35%
	Child	47%	38%
	CSHCN	44%	N/A
	Non-CSHCN	47%	N/A

Findings from 2004 indicate that PHC scored above the Medi-Cal managed care average for both adult and child rates in this measure. However of greater importance is the fact that children with chronic care needs (CSHCN) have less satisfaction with access than PHC's Medi-Cal children's population. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is less satisfied with their ability to obtain routine care and when they perceive a more urgent need, they are not necessarily better able to obtain care compatible with their expectations. We can infer from these results that there may be opportunity for improvement in the area of access pertaining to the chronic care needs population.

Quality Improvement Projects

Partnership Health plan of California's quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2000 to 2001 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

Member's Rights

- Cultural and Linguistic Services
- Primary Care Physician

Availability and Access

- Access To Medical Care
- Access To Emergency Services
- Access To Pharmaceutical Services
- Access To Specific Services
- Access To Providers

After completion of the review, DHS/DMHC, identified opportunities for improvement in the area of access to emergency services. To address these opportunities, DHS/DMHC conducted active oversight of PHC's corrective action process. PHC effectively addressed recommendations related to Access Review Requirements and implemented corrective measures.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Performance above the Medi-Cal average and the national Medicaid average in the areas of timeliness of prenatal care, postpartum check-up following delivery demonstrates PHC's commitment to assuring access to a vulnerable population. Member satisfaction with the ability to "get care quickly" in combination with the "ability to get needed care" demonstrates that PHC meets member access expectations. The ability of PHC to correct access issues identified during the DHS/DMHC audit is likely to have had an impact upon the results obtained to assess member satisfaction with access in the CAHPS survey.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for Partnership Healthplan of California

HEDIS Measure	2004 PHCRate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	35.7%	48.7%	45.3%
Adolescent Well-Care Visits	23.8%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	No reported cases	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	No reported cases	33.1%	N/A

Both HEDIS measures for timeliness fell below the Medi-Cal managed care average and the National Medicaid HEDIS average by several percentage points. When looking at this data compared to the HEDIS childhood immunization results for PHC, it is of interest that the immunization rate is substantially higher than the average for "Well Child Visits in the First 15 Months of Life; 6 or more visits". Since the childhood immunization rate is higher, one would think that the well child rate would be more aligned with the immunization rate, yet this is not the case. Investigation regarding the reason for the large differences in these two measures may help lead to improvement in the well visit area. These results may indicate opportunities for improvement in the area of timeliness.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7: 2004 CAHPS Timeliness Measure Results for Partnership Health Plan

CAHPS Measure	Population	2004 PHCRate	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	65%	54%
	Child	64%	53%
	CSHCN	64%	N/A
	Non-CSHCN	62%	N/A
Health Plan's Customer Service	Adult	64%	70%
	Child	67%	67%
	CSHCN	68%	N/A
	Non-CSHCN	72%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. PHC adult members find office staff more helpful when compared to the general Medi-Cal population (65% versus 54%). The PHC child rate for this measure also exceeded the Medi-Cal average (64% versus 53%). If staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care. It is noteworthy that parents of children with chronic care needs find office staff equally as courteous and helpful as non-CSHCN Medi-Cal enrollees. This is important as this population often requires more guidance from office staff in order to avoid crisis care management. PHC adult members generally find health plan customer services staff less helpful than the child and CSHCN population. The CSHCN population is likely to require more information related to direct medical care and these results illustrate that this may be evident. This information is likely to be better provided by the medical office staff. The adult rate fell below the Medi-Cal average (64% versus 70%) while the child rate was equivalent to the comparison average (67%). The results indicate potential opportunities for improvement pertaining to these measures for timeliness.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPs**.** Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. PHC used a variety of mechanisms to address timeliness, member reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. PHC acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2000-2001 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

Utilization Management

- Prior Authorization Review Requirements
- Prior Authorization Appeal Process

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review and appeal process requirements. PHC addressed issues identified in the Utilization Management Process and implemented corrective action to address deficiencies to the Department's satisfaction.

Summary for Timeliness

Timeliness barriers are often identified as access issues. PHC addressed timeliness in many of the QIPs. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPs focus upon HEDIS-related topics and methodology, PHC demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of PHC management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- General precise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- PHC scored above the Medi-Cal and national Medicaid average for timeliness of prenatal care and postpartum check-ups after delivery.
- PHC achieved greater satisfaction among parents with the perception of "getting care quickly" for children and adults in comparison to the Medi-Cal population in general.

Timeliness:

- Member satisfaction with medical office staff is greater compared to the general Medi-Cal population. Additionally, the CSHCN population perceives office staff somewhat more helpful than the other PHC Medi-Cal enrollees. This finding is a particular positive attribute that is likely helpful in assisting the CSHCN population to navigate the health delivery system which likely requires more effort when compared to the non CSHCN Medi-Cal population.
- PHC's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Perform root cause analysis to identify targeted interventions to improve the 15 month well child visit rate and the adolescent well care visit rate.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward achieving the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members perceptions of their ability to care when needed has an impact upon the actual receipt of timely care or service .
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report

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